CLAIMS ONLY

Application Number: 19 524 605

Applicant(s)

* May be used for additional claims or a

CLAIMS	2-7-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Inde
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9	1						59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17	1						67			
18		1					68			
19	1						69			
20		1					70			
21		1					71			
22							72			
23							73			
24							74			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	17						Total Depend			
Total Claims	21						Total Claims			